

<p align="center"><b>DEFENSIVE TACTICS INSTRUCTOR ENTRY- LEVEL</b></p> <p align="center"><b>TRAINING ENROLLMENT</b></p> <p align="center">Form Code: PSS_DE</p> <p align="center"><b>Application Fee - \$300.00</b></p> <p align="center">Check or Money Order payable to: Treasurer, Commonwealth of Virginia</p> <p align="center">Or apply online: <a href="http://www.dcjs.virginia.gov/pss/online/watson.cfm">www.dcjs.virginia.gov/pss/online/watson.cfm</a></p> <p align="center"><b>Application Fees are Non-Refundable</b></p>	<p align="center"><b>COMMONWEALTH OF VIRGINIA</b></p> <p align="center"><i>Department of Criminal Justice Services</i></p> <p align="center"><b>Private Security Services Section</b></p> <p align="center"><b>P.O. Box 10110</b></p> <p align="center"><b>Richmond, VA 23240-9998</b></p> <p align="center"><b>Phone #: (804) 786-4700; Fax #: (804) 786-6344</b></p> <p align="center"><b>Website: <a href="http://www.dcjs.virginia.gov/pss/index.cfm">www.dcjs.virginia.gov/pss/index.cfm</a></b></p> <p align="center"><b>Status Hotline: (804) 786-1132 or 1-877-9STATUS</b></p>
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1. Applicant Name: \_\_\_\_\_  
Last Name
First Name
MI

2. Social Security #: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
mm/dd/yy

3. Mailing Address: \_\_\_\_\_  
Number and Street
City/Town
State
Zip

4. Telephone: Residence \_\_\_\_\_ Business \_\_\_\_\_ Fax \_\_\_\_\_

5. May the Department provide information via an e-mail address? ☐ Yes ☐ No

6. E-Mail Address: \_\_\_\_\_

7. Are you currently employed by a Private Security Training School? ☐ Yes ☐ No

If yes, School Name: \_\_\_\_\_ DCJS ID# 88-\_\_\_\_\_

8. Have you **ever been convicted or found guilty of a felony or misdemeanor** (not to include minor traffic violations) in Virginia or any other jurisdiction to include military court martial or currently under protective orders? ☐ Yes ☐ No

**If Yes**, please attach a **Private Security Criminal History Supplemental Form** (PSS\_CHS) and all requested criminal history documentation. *This form may be found on our website [www.dcjs.org/privatesecurity](http://www.dcjs.org/privatesecurity) under Form Name: PSS\_CHS.*

9. Have you committed any act or omission which resulted in a license, certification or registration being suspended, revoked, not renewed or being otherwise disciplined in any local, state (including Virginia) or national regulatory body?

☐ No

☐ Yes If yes, attach copies of any correspondence or documentation related to this matter to include the name of the jurisdiction in which it took place, the license number and the name of the business/individual involved. Provide an explanation of the events, including a description of the disciplinary proceeding and the type of sanctions that were imposed.

10. Training Date/Location Requested (you can view the training dates and locations on [www.dcjs.org/privatesecurity](http://www.dcjs.org/privatesecurity)). For first available date, please leave blank.

11. Date: \_\_\_\_\_ Location: \_\_\_\_\_  
mm/dd/yy

12. Do you have official documentation of successful completion of a defensive tactics course?

☐ No ***If No, this application cannot be processed.***

☐ Yes ***If Yes, please attach third party documentation verifying the type and dates of experience. Resumes are not acceptable. This application cannot be processed without the requested documentation.***

13. Do you understand that you must be in good physical condition to take this training and that you may have to sign a “hold harmless” agreement with APT prior to taking this training?

☐ No ***If No, this application cannot be processed.***

☐ Yes

14. Do you require disability accommodations? ☐ No ☐ Yes (please specify)

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I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent information may be cause for denial and may result in criminal charges. I understand that I am responsible for maintaining full compliance with Virginia Code Section 9.1.138 through 9.1-150 and the Regulations Relating to Private Security Services 6VAC 20-171.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yy